| PATENT APPLICATION FEE DETERMINATION RECORD    |                                     |   |                                       |                               |                       |                   |      |                  | Application or Docket Number |  |                     |                        |  |
|--|-------------------------------------|---|---------------------------------------|-------------------------------|-----------------------|-------------------|------|------------------|------------------------------|--|---------------------|------------------------|--|
| Effective October 1, 2000                      |                                     |   |                                       |                               |                       |                   |      |                  | 09/847901                    |  |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) |                                     |   |                                       |                               |                       |                   |      | MALL<br>YPE      | ENTITY                       | OR   | OTHER               |                        |  |
| TOTAL CLAIMS                                   |                                     |   | 21                                    |                               | 10.7                  |                   | Γ    | RATE             | FEE                          | ֓֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֟֓֓֓֡֓֡֡֓֓֡֡֡֓֓֡֓֡֓֡֓֡֡֡ | RATE                | FEE                    |  |
| FOR  |                                     |   | NUMBER FILED                          |                               | NUMBER EXTRA          |                   | Ī    | BASIC F          | EE 355.00                    | OR   | BASIC FEE           | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS                        |                                     |   | 2   minus 20=                         |                               | . 1                   |                   |      | X\$ 9=           |                              | OR   | X\$18=              | 18                     |  |
| INDEPENDENT CLAIMS                             |                                     |   | 2 mir                                 | nus 3 =                       | <u> </u>              | 0                 |      | X40=             |                              | OR   | X80=                |                        |  |
| MU   | LTIPLE DEPEN                        | DENT CLAIM PE                             | RESENT                                |                               |                       |                   | l    | +135=            |                              | OR   | +270=               |                        |  |
| • If   | the difference                      | in column 1 is l                          | less than zero, enter "0" in column 2 |                               |                       |                   | L    | TOTAL            |                              | OR   | TOTAL               | 728                    |  |
| CLAIMS AS AMENDED - PART II                    |                                     |   |                                       |                               |                       |                   |      |                  |                              | ]~   | OTHER               |                        |  |
| (Column 1) (Column 2) (Column 3)               |                                     |   |                                       |                               |                       |                   |      | SMAL             | L ENTITY                     | OR   | SMALL               |                        |  |
| AMENDMENT A                                    |                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREVIO                 | BER                   | PRESENT<br>EXTRA  |      | RATE             | ADDI-<br>TIONAL<br>FEE       |  | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total                               | . 2                                       | Minus                                 | 2                             | 1                     | = /               | I    | X\$ 9=           | 7                            | OR   | X\$18=              |                        |  |
|  | Independent                         | . 2                                       | Minus                                 | <u></u>                       | 3                     | 1                 | Ī    | X40=             | 1                            | OR/  | X80=                |                        |  |
|  | FIRST PRESE                         | NTATION OF MU                             | JLTIPLE DEP                           | PENDEN                        | T CLAIM               |                   | -    | +135=            |                              | <b>OR</b>  | +270=               |                        |  |
|  |                                     |   |                                       |                               |                       |                   | L    | TOTA             | <u> </u>                     |  | TOTAL               |                        |  |
|  |                                     | (Column 1)                                |                                       | (Colu                         | mn 2)                 | (Column 3)        | A    | DDIT. FE         | E                            | 10.,   | ADDIT. FEE          |                        |  |
| AMENDMENT B                                    |                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH                          | HEST<br>IBER<br>OUSLY | PRESENT<br>EXTRA  |      | RATE             | ADDI-<br>TIONAL<br>FEE       |  | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total                               | . 13                                      | Minus                                 | 0                             | 2/                    | = ./              | ſ    | X\$ 9=           | 7                            | OR   | X\$18=              |                        |  |
|  | Independent                         | · 2                                       | Minus                                 | ے<br>درجارہ                   | 3                     | =/                | T    | X40=             | 1/                           | OR   | X80=                |                        |  |
| Ļ  | TINOI PHESE                         | NTATION OF MI                             | LIIPLE UEP                            | CNDEN                         | CLAIM                 |                   |      | +135=            |                              | OR   | +270=               |                        |  |
|  |                                     |   |                                       |                               |                       |                   |      | TOTA<br>DDIT. FE |                              | OR   | TOTAL<br>ADDIT. FEE |                        |  |
|  | Signature descriptions during horse | (Column 1)                                | I was we care                         | (Colu                         |                       | (Column 3)        |      |                  |                              |  |                     |                        |  |
| AMENDMENT C                                    |                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY          | PRESENT<br>EXTRA  |      | RATE             | ADDI-<br>TIONAL<br>FEE       |  | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total                               | . 25                                      | Minus                                 | 2                             |                       | = 4               |      | X\$ 9=           |                              | OR   | X\$18=              | 12                     |  |
| ME   | Independent                         | . 2                                       | Minus                                 | 3                             |                       |                   | T    | X40=             |                              | 7  | X80=                | <del>/ -  </del>       |  |
|  | FIRST PRESE                         | NTATION OF MI                             | JLTIPLE DEF                           | ENDEN                         | T CLAIM               |                   | 1    |                  | 1-                           | OR   |                     |                        |  |
| • 1  | f the entry in colum                | +135=                                     |                                       | OR                            | +270=                 |                   |      |                  |                              |  |                     |                        |  |
| ••   | If the "Highest Nur                 | mber Previously Parmber Previously Pa     | aid For IN THIS                       | SPACE                         | is less tha           | n 20, enter "20." | A    | TOTA<br>DDIT. FE |                              | OR   | TOTAL<br>ADDIT. FEE | 1                      |  |
|  |                                     | ber Previously Pai                        |                                       |                               |                       |                   | four | nd in the a      | appropriate bo               | x in co  | umn 1.              |                        |  |



750 BERING DRIVE HOUSTON, TX 77057-2198 PHONE 713.787.1400 FAX 713.787.1440 A LIMITED LABILITY PARTNERSHIP

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: NGUYEN, Van

Serial No.: 09/849,907

Confirmation No.: 9112

Filed: May 4, 2001

For: SUPPORT APPARATUS FOR MEDICAL FLUIDS

Group Art Unit: 3632

Examiner: BAXTER

Atty. Dkt. No.: 12929.0061.NPUS00

(TXCH061---)

## RESPONSE TO NON-FINAL OFFICE ACTION

EXPRESS MAIL MAILING LABEL

NUMBER \_\_\_\_E

EV 317619581 US - November 4, 2004

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

I hereby certify that this paper or fee is being deposited with the United States Postal Service "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

This paper is in response to the Office Action dated May 6, 2004, for which the six month date for response is **November 6, 2004**.

Applicant petitions for a three-month extension of time up to and including November 6, 2004 to file the enclosed papers in this application. Applicant authorizes the Commissioner to charge this fee and any other fee necessary to the prosecution of this application to Deposit Account No. 01-2508, reference no. 12929.0061.NPUS00.

Applicant requests the following:

NOV 1 0 2004

**GROUP 3600**